

Health Home Learning Collaborative

Health Home Notification Form

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This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

Iowa Medicaid Enterprise

Pamela Lester

plester@dhs.state.ia.us

LeAnn Moskowitz

lmoskow@dhs.state.ia.us

Amerigroup

Sara Hackbart

sara.hackbart@amerigroup.com

David Klinkenborg

david.klinkenborg@amerigroup.com

Emma Badgley

emma.badgley@amerigroup.com

Iowa Total Care

Bill Ocker

Bill.J.Ocker@IowaTotalCare.com

Tori Reicherts

Tori.Reicherts@iowatotalcare.com

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Learning Objectives

- Purpose of
- How to complete each section
- Where to submit
- Where to locate the form

Purpose

- Tool used to track enrollment, disenrollment and tier changes.
- Verify member's eligibility for enrollment into the HH program.
- Health Home roster development.
- Used in analytics at IME and performance measures.
- Effective Date: 10/1/2020 newest form #470-5582 (7/20)

How to Complete

- 4 Sections to complete
- Each Section must be completed
- Form must be signed

Section 1 – How to Complete

- Must complete all sections highlighted in yellow prior to submitting

Section 1: Member Information		
Name:	Date of Birth:	Phone:
MCO-Assigned Member ID #:	Medicald Member ID #:	
Home Address:		

Section 2 – How to Complete

- Must complete all sections highlighted in yellow prior to submitting.

Section 2: Provider Information

Health Home Name:

National Provider Identifier (NPI) #:


MCO-Assigned Provider #:

Primary Care Provider:

Section 3 – How to Complete

- Must identify the type of status that is occurring
- Must identify the Effective Date for that event

Section 3: Status

<input type="checkbox"/> Enrollment	<input type="checkbox"/> Change in tier IHH	Choose an item. 	<input type="checkbox"/> Change in tier CCHH
<input type="checkbox"/> Disenrollment	Choose an item.	<input type="checkbox"/> Other (specify)	

Effective Date of Change:

Section 3 – Enrollment

- Mark the box in front of enrollment
- Enter in the effective date for change
- See notes regarding some tips.

Section 3: Status

☐ Enrollment

☐ Change in tier IHH Choose an item.

☐ Change in tier CCHH

☐ Disenrollment Choose an item.


☐ Other (specify)

Effective Date of Change:

Section 3 – Change in Tier

- Check the box in front of the appropriate Tier option
- IHH must also identify the reason for the change in tier
- Enter in the Effective Date of Change

Section 3: Status


<input type="checkbox"/> Enrollment	<input type="checkbox"/> Change in tier IHH	Choose an item. 	<input type="checkbox"/> Change in tier CCHH
<input type="checkbox"/> Disenrollment	Choose an item.	<input type="checkbox"/> Other (specify)	

Effective Date of Change:

Section 3 – Disenrollment

- Check the box in front of disenrollment
- Select the appropriate reason for disenrollment
- Enter in Effective Date of Change

Section 3: Status


<input type="checkbox"/> Enrollment	<input type="checkbox"/> Change in tier IHH	Choose an item. 	<input type="checkbox"/> Change in tier CHH
<input checked="" type="checkbox"/> Disenrollment	Choose an item.	<input type="checkbox"/> Other (specify)	

Effective Date of Change:

Section 3 – Other

- Other Section is used
 - CCHH Renewals (ITC Only)
 - As identified in previous sections
- Enter in Effective Date of Change

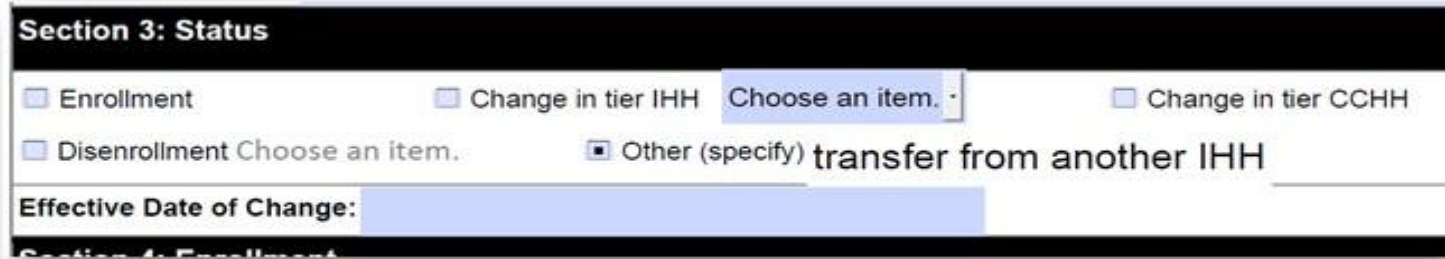
Section 3: Status

<input type="checkbox"/> Enrollment	<input type="checkbox"/> Change in tier IHH	Choose an item. 	<input type="checkbox"/> Change in tier CCHH
<input type="checkbox"/> Disenrollment	Choose an item.	<input type="checkbox"/> Other (specify)	

Effective Date of Change:

Transfers

- **IHH to IHH**
 - To ensure continuity care of the member
 - Can enroll member without supporting documents
 - Need to obtain within 60 days & place in member record



The screenshot shows a web form titled "Section 3: Status". It contains several checkboxes and a dropdown menu. The first row has three items: "Enrollment" (checkbox), "Change in tier IHH" (checkbox) followed by a dropdown menu showing "Choose an item.", and "Change in tier CHH" (checkbox). The second row has "Disenrollment" (checkbox) followed by "Choose an item.", and "Other (specify)" (checkbox) followed by the text "transfer from another IHH". Below these is a field labeled "Effective Date of Change:" followed by a blue input box. At the bottom, the text "Section 4: Enrollment" is partially visible.

- **MCO to MCO**
 - Would require functional impairment documentation to be submitted with the enrollment.
 - Unless member is currently approved for Hab or CMH waiver (Tier 7/8)

Section 4 – Enrollment

- Health Home complete the section appropriate to them.
- Identify the diagnosis for member.
- Identify the appropriate tier for the member.
- Staff signature, phone number and date.

Section 4 – Enrollment

Section 4: Enrollment		
Integrated Health Home (IHH) The member's mental, behavior, or emotional disorder specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases that causes serious functional impairment that substantially interferes with or limits one or more major life activities including functioning in the family, school, employment or community. Attach clinical documentation, dated within the last 365 days, that includes diagnosis, functional limitations and mental health professional signature. Enrollments without this information will not be processed. Qualifying Diagnosis Codes:		Tier Level (check one) Choose an item.
Chronic Condition Health Home (CCHH) (check all that apply) <div> <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Heart Disease </div> <div> <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> COPD <input type="checkbox"/> Hypertension </div> <div> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes </div> <input type="checkbox"/> BMI over 24 or child BMI>85 th Percentile <input type="checkbox"/> At risk for another condition (list risk):		Patient Tier Assessment Tool (PTAT) <div> Assessment Date: </div> Tier Level (check one) Choose an item.
Health Home Staff Signature:		
Phone:		Date:

Section 4 – Enrollment for CCHH

- Identify diagnoses
 - At Risk for another requires additional documentation
- PTAT Assessment Date
- Tier Level
- PTAT must be submitted with form

Section 4: Enrollment		
Integrated Health Home (IHH) The member's mental, behavior, or emotional disorder specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases that causes serious functional impairment that substantially interferes with or limits one or more major life activities including functioning in the family, school, employment or community. Attach clinical documentation, dated within the last 365 days, that includes diagnosis, functional limitations and mental health professional signature. Enrollments without this information will not be processed. Qualifying Diagnosis Codes:		Tier Level (check one) Choose an item.
Chronic Condition Health Home (CCHH) (check all that apply) <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Heart Disease <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> COPD <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> BMI over 24 or child BMI > 85 th Percentile <input type="checkbox"/> At risk for another condition (list risk):		Patient Tier Assessment Tool (PTAT) Assessment Date: Tier Level (check one) Choose an item.
Health Home Staff Signature:		
Phone:		Date:

Section 4 – Enrollment for IHH

- Identify diagnosis(es)
- Tier Level
- Attach clinical diagnosis information & functional impairment for enrollment

Integrated Health Home (IHH)

Tier Level (check one)

Choose an item.

The member's mental, behavior, or emotional disorder specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases that causes serious functional impairment that substantially interferes with or limits one or more major life activities including functioning in the family, school, employment or community. **Attach clinical documentation, dated within the last 365 days, that includes diagnosis, functional limitations and mental health professional signature. Enrollments without this information will not be processed. Qualifying Diagnosis Codes:**

Section 4 – IHH Clinical Documentation

- Must be submitted for all members enrolling into Health Home
- All members must have functional impairments
- Diagnosis and functional limitations must be within 365 days of enrollment
- Must be dated and signed by a Mental Health professional

Section 4 – Functional Impairment

- Must be related to the mental health diagnosis.
- Criteria for
 - Loss is episodic, recurrent or continuous AND
 - Substantially interferes with or limits the achievement of or maintenance of 1 or more developmentally appropriate social, behavioral, cognitive, communitive or adaptive skills AND
 - Substantially interferes with or limits functional capacity with family, employment, school or community.
- Assessment must be completed by Licensed Mental Health Professional.

Section 4 – Functional Impairment Examples

- Types of Functional Impairment Sources
 - DLA-20
 - Psychiatric Evaluation
 - Annual mental health assessment/evaluation
 - Strengths & Difficulties Questionnaire
 - WHODAS 2.0
 - Others are available

See attached sample document for additional information

Section 4 – Mental Health Professional

- Holds at least a master's degree in a mental health field
 - AND
- Holds a current Iowa license when required by the Iowa professional licensure laws
 - AND
- Has at least 2 years of post-degree experience supervised by a mental health professional

Section 4 – Signature

- Staff signature is required
- Along with
 - Phone Number
 - Date

Health Home Staff Signature:			
Phone:			Date:

How to Submit

- AmeriGroup
 - Fax – 844-556-6125
 - CCHH Renewals - Availity
- ITC
 - Submit via Client Portal or
 - Fax: 833-864-9673

Form Location

- DHS Website:
<https://dhs.iowa.gov/sites/default/files/470-5582.pdf?080420202143>
- Amerigroup Website: coming soon
<https://providers.amerigroup.com/ia>
- Iowa Total Care Website: coming soon
<https://www.iowatotalcare.com/providers/resources/>

CCHH Resources

<https://dhs.iowa.gov/ime/providers/enrollment/healthhome>

- Scroll down to Chronic Condition Health Home Tools for Providers

CHRONIC CONDITION HEALTH HOME TOOLS FOR PROVIDERS:

Tools were created by MCOs and IME.

Chronic Condition Health Home Billing Guidance
Guide for Chronic Condition Health Home Services
Chronic Condition Health Home Program Toolkit
Health Home Learning Collaborative: PTAT and Enrollment
Health Homes Managed Care Organizations Notification

Patient Tier Assessment Tool (PTAT)

- PTAT Guide
- PTAT Tool

IHH Resources

- <https://dhs.iowa.gov/ime/providers/integrated-health-home>
- DLA 20 <https://www.thenationalcouncil.org/areas-of-expertise/dla-20-mental-health-outcomes-measurement/>
- Strengths and Difficulties Questionnaire
[https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(USA\)](https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(USA))
- WHODAS 2.0
https://www.who.int/classifications/icf/more_whodas/en/

Q & A